

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | |
|--------------------------|--|-------------------------------|--|
| 1 Date of Request: _____ | | 2 Serial/Patent # <u>4323</u> | |
|--------------------------|--|-------------------------------|--|

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---------------------------------------|----------------|--------------|----------|
| Filing | 1 | 09 FEB 05 | \$ 250 |
| Amendment | | | \$ |
| Extension of Time | | | \$ |
| Notice of Appeal/Appeal | | | \$ |
| Petition | | | \$ |
| Issue | | | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| Other | | | \$ |

| | |
|--|--------------------------|
| | 7 TOTAL AMOUNT OF REFUND |
| | \$ 250 |

| | |
|---|---|
| 10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____ | 8 TO BE REFUNDED BY: <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <u>9 1 2 -- 21 4 7</u> |
|---|---|

| | |
|---|--|
| 11 REFUND REQUESTED BY: | |
| TYPED/PRINTED NAME: <u>P. Kidwell</u> SIGNATURE: <u>P. Kidwell</u> OFFICE: _____ ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____ | TITLE: <u>Paralegal</u> PHONE: <u>73-308940EXT 16</u> |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B